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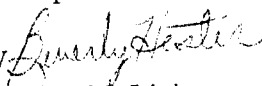
Michael F. Easley, Governor

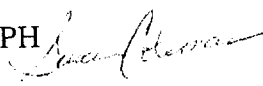
 Carmen Hooker Odom, Secretary

May 12, 2003

**MEMORANDUM**

**TO:** Local Health Directors  
Directors of Health Department-Sponsored School Based Health Centers

**FROM:** Beverly Hester, MSW, LCSW   
Social Work Consultant/Mental Health Liaison  
Children and Youth Branch

Susan Coleman, MSW, LCSW, MPH   
Clinical Social Work Specialist  
Women's Health Branch

**SUBJECT:** Psychological Services Resource Manual, Sample Forms, Health Department Survey and Medicaid Reimbursement Rates

During December 2002 you received a memorandum from Dr. Kevin Ryan regarding Medicaid reimbursement for Psychological Services for children and adolescents ages 0-21. A resource manual and sample forms have been developed by the Women's and Children's Health Section, in collaboration with mental health staff in local health departments and school-based health centers, regional social work consultants, family advocates, Division of Medical Assistance and Division of MH/DD/SAS, to provide guidance related to the provision of these services. These materials are enclosed. A list of agency staff and family advocates who assisted in developing these materials is also attached. We thank them for their invaluable contributions to this process!

We have attempted to maintain consistency between the resource materials developed by Women's and Children's Health and the revised MH/DD/SA Service Records Manual. The MH/DD/SA Service Records Manual currently includes requirements for Area MH/DD/SAS Programs (Local Management Entities), their contract agencies, directly enrolled residential providers and CAP providers. However, there are plans to expand the scope of the MH/DD/SAS Manual in the future to cover all providers of Medicaid-reimbursed mental health services.

We are sending copies of the Psychological Services Resource Manual and sample forms to mental health providers in local health departments and school-based health centers sponsored by health departments. However, we may not have the names of all these individuals and will appreciate your checking to be sure that the providers of child and/or adolescent mental health services in your agency have received the materials.





Also attached are two other items:

- **A brief survey for health departments related to Psychological Services.** The purpose of this survey is to identify local health departments that are either currently providing these services or plan to do so within the next year, to assess needs related to the provision of these services and to address the issue of availability of qualified mental health providers. We will greatly appreciate your completing the attached survey and returning it by email or fax to Beverly Hester ([beverly.hester@ncmail.net](mailto:beverly.hester@ncmail.net) or FAX: 919-715-3187) by June 6.
- A list of the 2002 Medicaid reimbursement rates for the CPT codes that can be used to bill for Psychological Services for children and adolescents 0-21

As stated in the DMA policy for Psychological Services for the Under 21 Population in Health Departments and School Based Health Centers Sponsored by Health Departments, these services can be provided by the following:

- Licensed Clinical Social Workers (LCSW)
- Advanced Practice Psychiatric Clinical Nurse Specialists (CNS)
- Advanced Practice Psychiatric Nurse Practitioners (NP)
- Licensed Psychologists

In addition to having the required credentials, it is essential that providers of these services have experience and skills in serving child and adolescent populations. We are committed to working with you to identify staff training needs and to assist in identifying training opportunities.

If you have questions related to any of these materials or to the service itself, please contact either of us:

Beverly Hester  
919-715-3905 (or email listed above)

Susan Coleman  
919-715-8430  
[susan.coleman@ncmail.net](mailto:susan.coleman@ncmail.net)

We look forward to working with and your staff regarding these services.

Cc: WCH Section Management Team  
Dennis Harrington  
Joy Reed  
Rich Visingardi  
✓ Tara Larson  
Flo Stein  
Darlene Steele  
George Packenham  
Carol Robertson  
Marilyn Brothers  
Marilyn Asay  
Dan Garson-Angert  
Regional Child Health Nurse Consultants  
Regional School Nurse Consultants  
Regional Social Work Consultants  
Mental Health Staff in Local Health Departments and SBHCs  
Sponsored by Health Departments



## Psychological Services Work Group Members/Reviewers

Name	Agency
Kay Brandon, LCSW	Guilford County Health Department
Karen Carraway, LCSW	Women's Health Branch, WCHS
Susan Coleman, LCSW, MPH	Women's Health Branch, WCHS
Joan Cote', LCSW	Craven County Health Department
Barbara Dobrowski, LCSW	Robbinsville School-Based Health Center
Carol Erwin, MS, CSW, CSWM	Craven County Health Department
Alfreda Gee, LCSW	New Hanover County Health Department
Don Herring, MA/Psy, LCSW	NC Division of MH/DD/SAS
Beverly Hester, LCSW	Children and Youth Branch, WCHS
Libby Jones, Family Advocate	Families United
Karen Katz, LCSW	Buncombe County Health Department
Jane Leone, LCSW	Henderson County Health Department
Valerie Moore, Family Advocate	Families United
Lori Oates, Family Advocate	Families United
Sarah O'Leary, LCSW	Total Care Center--Independence High School, Forsyth County
Cindy Simpson, LCSW	Guilford County Health Department
Pat Solomon, Family Advocate	Families United
Kelly Spangler, LCSW, MPA	Women's Health Branch, WCHS
Movita Stanley, LCSW	Appalachian District Health Department



# **PSYCHOLOGICAL SERVICES RESOURCE MANUAL**

**A Guide for Provision of Mental Health Services  
in Health Departments  
and School Based Health Centers Sponsored by  
Health Departments**

**May 2003**





## **CONTENTS**

- I. Introduction**
- II. Documentation Components and Sample Forms**
- III. Resources**



## **I. Introduction**

The purpose of this manual is to provide guidance for qualified mental health professionals in health departments and school based health centers sponsored by health departments related to provision and documentation of psychological services\* for children and adolescents birth to age 21. This guidance has been developed by the Women's and Children's Health Section of the Division of Public Health in collaboration with local public health clinicians, representatives from the Division of Mental Health/Developmental Disabilities/Substance Abuse Services and the Division of Medical Assistance. A copy of the Division of Medical Assistance Medical Policy # 8I related to these services (*Psychological Services Provided by Health Departments and School-Based Health Centers Sponsored by Health Departments to the Under 21 Population*) is attached. This policy is also available on the following web site: <http://www.dhhs.state.nc.us/dma/bulletin.htm#general> in the December 2002 Medicaid Bulletin under Medical Coverage Policies (p. 6 in HTML or p. 13 in pdf).

### **Framework for service provision**

In order for agencies to successfully implement psychological services for children and adolescents from birth to age 21, the following are necessary:

- Local agency support and commitment to providing these services
- Written policies and procedures for the provision of these services. At a minimum the following items must be addressed:
  - After hours and emergency back-up services
  - Confidentiality
  - Storage of records
  - Consents for treatment and release of information
  - Clinical supervision (agencies must assure that their mental health providers are supported in obtaining appropriate mental health consultation/supervision)
  - Description of how "incident to physician services" is implemented (e.g. standing orders for screening and evaluation and documentation of medical necessity)
  - Definition/delineation of population(s) to be served
- Qualified clinicians with experience in working with children and adolescents
- Adequate financial resources for the provision of staff training
- Adequate space to provide the service in a confidential manner

On an individual client/family basis, service planning and provision will also be influenced by factors such as:

- age and developmental level of the child or adolescent
- individual and family strengths and needs
- skills of service providers
- formal and informal community supports
- identified best practices/evidenced based practices
- availability of and collaboration with other service providers in the community

The System of Care philosophy and approach has been adopted as the best practice model for children's mental health services in North Carolina and nationally. This philosophy is

based on the following core values: 1) mental health service systems are driven by the needs and preferences of the child and family, using a strengths-based perspective; 2) services are community based and built upon multi-agency collaborations; and 3) services, agencies and programs are responsive and sensitive to the cultural context and other characteristics of the populations being served.

While the implementation of System of Care structures has typically focused on children and adolescents with serious emotional and behavioral disorders, this model is equally applicable to all children and adolescents in need of mental health and others services. Early identification and intervention, using a client/family-centered and strengths based approach, can make a significant positive difference in the lives of children and adolescents and their families, in many cases preventing the development of serious mental health problems. A major focus of providing psychological services in health departments and school-based health centers is to identify and provide services for children and adolescents who may be at risk for developing serious mental/emotional disorders, as well as serving those who may already be experiencing serious problems.

Additional information about Systems of Care can be obtained from the following web sites:

[www.dhhs.state.nc.us/mhddsas/childandfamily/index.htm](http://www.dhhs.state.nc.us/mhddsas/childandfamily/index.htm)

[www.mentalhealth.org](http://www.mentalhealth.org)

[www.rtckids.fmhi.usf.edu](http://www.rtckids.fmhi.usf.edu)

[www.paperboat.com](http://www.paperboat.com)

\*The term *psychological services* are used in order to be consistent with Medicaid policy terminology.

## **II. Documentation Components**

Clear, concise and legible documentation that demonstrates active client participation is a hallmark of quality service provision. *Record keeping is a clinical, ethical, and legal activity that provides evidence of how the standard of care is met. Accurate and meaningful record keeping is essential to maintaining an ongoing assessment, formulating an accurate diagnosis and effective service plan, evaluating the service process, and determining future service. Documentation can help clients meet eligibility requirements for insurance reimbursements; can provide a means of communication in interdisciplinary practice; and can be a source of information for supervision, evaluation of service outcomes, and quality assurance.* (Houston-Vega, M.K.; Nuehring, E.M.; and Daguio, /E.R. (1997). *Prudent Practice: A Guide for Managing Malpractice Risk.*)

The information contained in this section provides brief guidance regarding both required and optional (as appropriate and indicated) documentation.

The following, are required to be documented in the client's chart:

- Reason for referral (or reason for visit)
- Assessment results from a standard assessment protocol and diagnosis(es)
- Signed informed consent for treatment (treatment contract)

- Treatment plan signed by clinician and client (parent/guardian for a younger child)
- Progress note for each intervention, including:
  - date and duration of the session in minutes
  - Purpose of contact
  - Nature of intervention
  - Relationship of intervention to treatment plan
  - Effectiveness/outcome of the intervention (client's response to intervention)
  - Signature and credentials of service provider

The following should also be documented and included in the chart as appropriate and indicated:

- Screening and/or referral forms
- Consultation with other professionals
- Authorization for release of information signed by client (parent/guardian for a younger child)
- Crisis plan
- Discharge summary and follow-up plan

**The sample forms included in this section are intended as examples for guidance. These particular forms are not required.**

#### ***A. Screening/Referral***

Screening is a process that can be used in multiple ways to enhance service provision. When a child or adolescent presents for medical services, screening for psychosocial risks can assist in identifying strengths and needs and making appropriate referrals. Screening may also take place after the child or adolescent has been referred to a mental health professional as a part of the assessment process. Screening tools can be effectively used at various points during treatment as part of the ongoing assessment process. Many screening tools are designed to be completed by the older child or adolescent and/or the parent, and this should be encouraged.

Screening tools that can be used to identify children and adolescents who may have or may be "at risk" for psychosocial problems or mental disorders can be grouped into three general categories:\*\*

1. Tools that assess overall functioning, family history, and environmental factors. These tools typically cover a broad range of psychosocial issues and are a "first screen" for identifying existing or potential problems. Examples of this type of tool are the Pediatric Intake Form (Kemper and Kelleher, 1996--available in *Bright Futures in Practice: Mental Health Tool Kit*, pp. 4-7.) and the Guidelines for Adolescent Preventive Services (GAPS) developed by the American Medical Association (available at [www.ama-assn.org/ama/pub/category/2280.html](http://www.ama-assn.org/ama/pub/category/2280.html))
2. Tools that provide a general screen for psychosocial problems or risk in children and adolescents, such as the Pediatric Symptom Checklist (Jellinek et. al., 1988,1999). (Available in *Bright Futures in Practice: Mental Health Tool Kit*, pp. 16-18 or at <http://psc.partners.org>.)

3. Tools that screen for specific problems, symptoms or disorders, such as the Conners' Rating Scales of ADHD (Conners, 1997) and the Children's Depression Inventory (Kovacs, 1992).

**\*\* *Bright Futures in Practice: Mental Health, Volume I, Practice Guide, p. 5.***

National Center for Education in Maternal and Child Health. Georgetown University.

A screening tool may also be less formal than those listed above. Completed screening tool(s) and/or referral form should be included in the client's chart.

### ***B. Assessment***

Assessment is a process designed to elicit information that assists a person to deal as effectively as possible with circumstances of life. As a process, assessment is interactive and ongoing; as an outcome, assessment is a tool that provides specific types of information to system constituents (i.e., client, family, and agency). While it is imperative that assessment work to ascertain presence and degree of psychopathology, disability, and risk, it is equally important that individuals and systems are assessed for their strengths, abilities, and solution-oriented potentials.

The Child and Adolescent Psychological Services Assessment is a sample document designed to assess multiple aspects of the child and his or her environment. The tool focuses on the supportive and positive, as well as the troubling, facets of the child's life. Checklist and narrative are the primary types of documentation used in the assessment. These are used to enhance brevity, clarity, and to help achieve diagnostic accuracy. This assessment tool is quite comprehensive and specific due to an attempt to provide guidance to a diverse population of practitioners.

An assessment form is not necessarily meant to be the only assessment tool used by the therapist. The therapist is encouraged to utilize tools that may provide depth or richness to the evaluative process. Some tools or methods of assessment may be more solicitous of information than others, given the client's abilities, preferences, and/or development. The assessment becomes more powerful if the tools and methods used are meaningful to the individual and to the situation.

Use of an assessment form is only one part of the process of evaluation. One of the more important and fundamental elements of the evaluative process is the client-therapist relationship. The relationship provides the context into which the assessment tool is introduced. Nurturing the relationship and developing true alliance should always remain the primary focus of interaction.

### ***C. Treatment Contract (Consent for treatment)***

The Treatment Contract documents the interactive process through which the clinician and client agree to engage in the treatment process. This agreement between the client and service provider reflects the principles of family-centered services and System of Care, in which the client and family are active participants in all phases of service planning and delivery. The Treatment Contract affirms that the client has been informed

of his/her rights and responsibilities, as well as the responsibilities of the provider and the parameters of treatment.

#### ***D. Treatment Plan***

The treatment or service plan evolves from the assessment process and is developed jointly with the client/family, with their preferences and choices driving the process. The plan is a formalized tool that makes the purpose of intervention clear to everyone involved. It serves as the foundation and guide for all intervention. A preliminary treatment plan needs to begin in the initial session and can be documented on the assessment form, with a more formalized plan being completed by the third visit. The treatment plan should be an active document that may be amended throughout treatment to reflect the changing needs of the client/client system.

- The identified problem(s) to be addressed in treatment is a simple statement of the client's perception of the issue(s) to be addressed in treatment. There can also be a separate statement of identified problem(s) from the perspective of the clinician, if different from the client's perceptions.
- Goals should be
  - attainable by the client/family
  - negotiated with the client/family
  - time sensitive/short-term
  - relate to the problem(s) and assessment, including client's/family's strengths
  - within the scope of the provider's ability
  - objectively written with a solution-focused approach
  - brief and outcomes-oriented
- Objectives are the actions or steps required in meeting the goals. There should be no more than four related to each goal; the minimum acceptable is one.
- The time it may take to reach the goal(s) should be specific in order to orient the treatment and to indicate progress or the lack thereof. Timeframe should be negotiated with the client.
- The plan should be signed and dated by the client (or parent/guardian of a younger child) and the provider.
- A periodic review of the treatment plan is indicated as a client progresses through intervention. As objectives and goals are attained, this should be noted on the treatment plan and in progress notes. Client and provider initials and date will suffice as indication of review on the treatment plan.

#### ***E. Progress Notes***

Documentation in the client chart serves numerous purposes. As a form of documentation, the progress note enables one to review the course and content of intervention. The progress note serves to:

- describe progress toward the defined client outcomes
- identify exceptions to expected outcomes
- document new findings or information pertinent to progress in specified areas

- document acute changes, significant events, and unusual episodes in a client's condition

Moreover, the progress note serves as the primary method of communication between provider team members. Whenever an action is taken or required either with or on behalf of the client/client system, it should be documented as a progress note.

There is great latitude practiced with the actual format of the progress note. This typically depends on the style and function of the professional who intervenes and on the setting of the intervention. Regardless of this fact, standards established by professional and licensing organizations must be incorporated into documentation practices.

Progress notes are designed to be brief and directly related to the treatment plan. Progress notes should reflect that association by focusing on specific goals, interventions, and outcomes. Process notes by comparison, are far more detailed, and review the introspective nature of therapy. Progress notes, rather than process notes, are encouraged for documentation of the services described in this manual. The Progress Note provided here attempts to incorporate simple tracking devices so providers may remain aware of time expenditure, session availability, and practice modality. A section is also provided for documenting missed or rescheduled appointments. The space provided for documentation is structured with purposeful limitations, due to the aforementioned reasons.

#### ***F. Follow-Up Documentation***

If a client does not return to service, follow-up contact should be made and documented in a progress note.

#### ***G. Discharge Summary***

It is recommended that a discharge summary or note be completed if the client is seen beyond the initial assessment. The summary should include:

- first and last dates of treatment
- reason for termination of services
- statement of progress (or lack thereof) for each goal specified in the treatment plan
- Any follow up plans, referrals, etc.
- Initial diagnosis and discharge diagnosis
- If a client and/or parent decides not to return to treatment, it is the responsibility of the service provider to contact the client/parent and discern why they have not returned and what follow-up is recommended. This must be noted in the discharge summary.



### **III. RESOURCES**

#### **A. Organizations/Web Sites**

##### **American Academy of Child and Adolescent Psychiatry**

3615 Wisconsin Avenue, NW  
Washington, DC 20016-3007  
(202) 966-7300 or 1-800-333-7636  
fax: (202) 966-2891

**<http://www.aacap.org>**

*Information on child and adolescent psychiatry, fact sheets; current research, practice guidelines, managed care information, journal, and referrals.*

##### **American Academy of Pediatrics**

**<http://www.aap.org>**

*Fact sheets and other guidance related to child and adolescent mental health*

##### **American Medical Association**

Child and Adolescent Health Program  
GAPS implementation materials

**[www.ama-assn.org/ama/pub/category/2280.html](http://www.ama-assn.org/ama/pub/category/2280.html)**

*GAPS tools can be downloaded from this site*

##### **Center for Mental Health Services**

Child, Adolescent and Family Branch  
5600 Fishers Lane, Room 11C-16  
Rockville, MD 20857  
(301) 443-1333  
Fax: (301) 443-3693

**<http://www.mentalhealth.org>**

*Publications, search databases*

##### **Center for Mental Health in Schools**

Department of Psychology, UCLA  
Los Angeles, CA 90095-1563  
Email: **[smhp@ucla.edu](mailto:smhp@ucla.edu)**

**<http://smhp.psych.ucla.edu>**

*Resource materials, links and technical assistance related to mental health in schools*

##### **Center for School Mental Health Assistance**

University of Maryland School of Medicine  
Department of Psychiatry  
680 West Lexington Street, 10<sup>th</sup> Floor  
Baltimore, Maryland 21201  
(410) 706-0980  
Fax: (410) 706-0984

Email: **[csmha@psych.umaryland.edu](mailto:csmha@psych.umaryland.edu)**

**<http://csmha.umaryland.edu>**

*Resource materials, links and technical assistance related to mental health in schools*

**Federation of Families for Children's Mental Health**

**<http://www.FFCMH.ORG/>**

*FFCMH is a national parent-run organization focused on the needs to children and youth with emotional, behavioral or mental disorders and their families. The Federation's mission is: to provide leadership in the field of children's mental health; address the unique needs of children and youth with emotional, behavioral or mental disorders from birth through transition to adulthood; ensure the rights to full citizenship, support and access to community-based services for children with mental health needs and their families; and provide information and engage in advocacy regarding research, prevention, early intervention, family support, education, transition services and other supports needed by children and youth with emotional, behavioral or mental disorders and their families.*

**KEN - Knowledge Exchange Network**

**<http://www.mentalhealth.org>**

*The CMHS National Mental Health Services Knowledge Exchange Network (KEN) provides information about mental health via toll-free telephone services, an electronic bulletin board and publications. KEN was developed for users of mental health services and their families, the general public, policy makers, providers and the media. KEN is a national one-stop source of information and resources on prevention, treatment and rehabilitation services for mental illness.*

**National Association of Social Workers**

750 First Street, NC, Suite 700

Washington, DC 20002

1-800-638-8799

**<http://www.socialworkers.org>**

*Information; referrals*

**National Institute of Mental Health**

Office of Communications and Public Liaison

6001 Executive Boulevard, Room 8184

MSC 9663

Bethesda, MD 20892-9663

(301) 443-443-4513

Fax: (301) 443-4279

**<http://www.nimh.nih.gov>**

*Carries out educational activities and publishes and distributes research reports, press releases, fact sheets and publications intended for researchers, health care providers and the general public.*

*An extensive list of Child and Adolescent Mental Health Resources is available on this web site: **[www.nimh.nih.gov/publicat/childresources.cfm](http://www.nimh.nih.gov/publicat/childresources.cfm)***

**National Mental Health Association**

2001 N. Beauregard Street, 12<sup>th</sup> Floor

Alexandria, VA 22311

(703) 684-7722 or 1-800-969-6642

Fax: (703) 684-5968

<http://www.nmha.org>

*Medical information, publications and teaching materials, mental health service referrals*

### **Paper Boat**

<http://www.paperboat.com>

*Paper Boat provides support for human service agencies that are in transition from a traditional focus on repairing individual client deficits to a comprehensive or wraparound approach that builds upon the strengths of individuals, their families and their neighborhoods. This web site is a floating notebook--a place to store ideas for others to discover. John Franz, developer of this web site, is a consultant and trainer on Systems of Care.*

### **Portland Research and Training Center on Family Support and Children's Mental Health**

<http://www.rtc.pdx.edu>

*The Center's activities focus on improving services to families whose children have mental, emotional or behavioral disorders through a set of related research and training programs.*

### **Psychological Assessment Resources, Inc.**

[www.parinc.com](http://www.parinc.com)

*Screening tools and other resources*

### **Research and Training Center for Children's Mental Health**

Department of Child and Family Studies, Louis de la Parte Florida Mental Health Institute

University of South Florida

13301 Bruce B. Downs Blvd.

Tampa, FL 33612-3807

<http://rtckids.fmhi.usf.edu>

*Research, publications and other resources related to children's mental health and systems of care*

### **B. Books and Articles**

*Bright Futures in Practice: Mental Health, Volumes I and II.*

National Center for Education in Maternal and Child Health

Georgetown University

2000 15<sup>th</sup> Street, North, Suite 701

Arlington, VA 22201-2617

(703) 524-7802; fax (703) 524-9335

NCEMCH Web site: [www.ncemch.org](http://www.ncemch.org)

Bright Futures Web site: [www.brightfutures.org](http://www.brightfutures.org)

*Screening tools can be downloaded from this site*

Burns, B. and Hoagwood, K., Ed. (2002). *Community Treatment for Youth: Evidenced Interventions for Severe Emotional and Behavior Disorders*. Oxford University Press.

Houston-Vega, M.K.; Nuehring, E.M.; Daguio, E.R. (1997). *Prudent Practice: A Guide for Managing Malpractice Risk*. Washington, D.C. NASW Press.

Kaplan, Harold I., MD and Sadock, Benjamin J., MD (1998). *Synopsis of Psychiatry*, 8<sup>th</sup> Ed. Baltimore, MD. Williams and Wilkins.

See chapter 36, *Child Psychiatry: Assessment, Examination and Psychological Testing* for information on mental status examination for children.

Stroul, B.A. and Friedman, R.M. (1986). *A System of Care for Children and Youth with Severe Emotional Disturbances*. [Revised June, 1994]. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.

## **ADDITIONAL SUGGESTED RESOURCES ON SYSTEM OF CARE**

(Provided by Don Herring, NC Division of MH/DD/SAS)

### **SYSTEM OF CARE (SOC)**

- **Shelia A. Pires. Building Systems of Care: A Primer. Washington, DC: NTAC for Children's MH. 202-687-5000 – Mary Moreland.** All of NC has been awaiting a SOC 101 Manual (like the NAMI PACT Manual listed below) and here it is. Quantities are limited at the moment, but this is a must for the basics in SOC best practice. Also, ask for NTAC's publication list or look for it and other good information on child and family issues at:  
[www.gucdc.georgetown.edu](http://www.gucdc.georgetown.edu)
- **Parent Center for the Exceptional Children's Assistance Center** – good organization that has brought many local parent groups and direct assistance to parents needing help with their children – all services – no charge.  
<http://www.ecac-parentcenter.org/>
- **University of NC at Greensboro's SOC site** – good information about many SOC areas  
<http://systemofcare.uncg.edu/>
- **Orange-Person-Chatham (OPC)'s Website** for their SOC work  
<http://www.opcsystemofcare.com/>
- **Systems of Care site** that is new but promises to be a good clearinghouse for information  
<http://www.systemsofcare.net/>
- **Wraparound Planning** – the site that will take you through the planning process and be sure to go back to the home page for other information.  
<http://cecp.air.org/wraparound/materials.html>
- **Technical Assistance Partnership for Child Mental Health** – Has resources, consultant pool, TA FAQs, grantees, peer mentors, child welfare, education, juvenile justice, family, mental health, primary care – all related to SOC  
<http://www.air.org/tapartnership/>
- **NC Child Advocacy Institute** – *Vision Statement says it all:* All young North Carolinians will be blessed with a happy, healthy, safe childhood and adolescence. North Carolina will become the best state in America in which to be a child and to raise a child. Public policy will play its legitimate role fully and effectively in creating and sustaining such a state. The NC Child Advocacy Institute will be instrumental in securing the public policies and public appropriations necessary for this Vision to become a reality.  
<http://www.ncchild.org/>
- **National Mental Health Association's web site**  
<http://www.nmha.org/>

- **John Franz site** - has PowerPoint presentations ready to use; John has been a frequent trainer in NC and throughout the US for his work in SOC and the JJDP collaborative efforts.  
<http://www.paperboat.com/>
- **Promising Practices Site** - the best for my time; this site has the most information on SOC, its history, practical applications, results from the Federal Grant sites (including NC)  
<http://www.air-dc.org/cecp/promisingpractices/>
- **Family SOC Manual Substance Abuse & Mental Health Services Administration (SAMHSA)** – Center for Mental Health Services (CMHS) site for families to understand the basics of SOC  
<http://www.mentalhealth.org/publications/allpubs/Ca-0029/default.asp>
- **American Youth Policy Forum** - Less Cost, More Safety - *rich*  
DJJDP materials with descriptions of some SOC national sites. This site has an article on Wraparound Milwaukee & one on the State of MO that has an 11% recidivism rate (US avg. 40-70%) & how they did this. YOU MUST TYPE THIS ADDRESS INTO YOUR BROWSER AS IT WILL NOT LINK. <http://www.aypf.org/lesscost/index.html>
- **New Jersey's SOC** - How they are doing it, statewide! <http://njkidsoc.org/>
- **Resiliency Theory** – article on protective and risk factors that you need to know to do strengths based assessments  
[http://www.dhhs.state.nc.us/mhddas/childandfamily/technicalassistance/risk\\_and\\_resiliency.htm](http://www.dhhs.state.nc.us/mhddas/childandfamily/technicalassistance/risk_and_resiliency.htm)
- **SOC Conference Proceedings** – great materials on all aspects of SOC as presented by the experts.  
8th Annual SOC Conference Readings  
<http://rtckids.fmhi.usf.edu/proceeding8th/8thtoc.html>  
9th Annual SOC Conference Readings  
<http://rtckids.fmhi.usf.edu/proceed9th/9thprocindex.htm10th>  
10th Annual SOC Conference Readings  
<http://www.fmhi.usf.edu/institute/pubs/pdf/abstracts/10thrtc.html>  
12th Annual SOC Conference Reading  
<http://www.fmhi.usf.edu/institute/pubs/pdf/cfs/rtc/12thproceedings/12thproctoc.htm>
- **Applying Behavior Analysis within the Wraparound Process: A Multiple Baseline Study.** (Complete article with search engine for your use in the future.)  
The wraparound process has become an important component of many public sector service delivery systems. In this study, a multiple baseline design across...  
From Journal of Emotional and Behavioral Disorders, December 22 2000 by Michael J. Myaard, Connie Crawford, Michell Jackson, Galen Alessi Page(s): 17  
[http://www.findarticles.com/cf\\_0/m0FCB/4\\_8/68273225/p1/article.jhtml?term=CASSP](http://www.findarticles.com/cf_0/m0FCB/4_8/68273225/p1/article.jhtml?term=CASSP)
- **Caseload segregation/integration and service delivery outcomes for children and adolescents.**  
In this article we explore the relationship between the degree to which local systems of care share responsibility for children and adolescents (measured... From Journal of Emotional and Behavioral Disorders, December 22 2001 by John A. Pandiani, Steven M. Banks, Lucille M.

Schacht Page(s): 12

[http://www.findarticles.com/cf\\_0/m0FCB/4\\_9/80847853/p1/article.jhtml?term=CASSP](http://www.findarticles.com/cf_0/m0FCB/4_9/80847853/p1/article.jhtml?term=CASSP)

- **Use of the System-of-Care Practice Review in the National Evaluation: Evaluating the Fidelity of Practice to System-of-Care Principles.**  
Evaluating the fidelity of service practices to system-of-care principles (SOC) represents a challenge in the human service field. The inadequate infusion... From Journal of Emotional and Behavioral Disorders, March 22 2001 by Mario Hernandez, Angela Gomez, Lodi Lipien, Paul E. Greenbaum, Kathleen H. Armstrong, Patricia Gonzalez Page(s):14  
[http://www.findarticles.com/cf\\_0/m0FCB/1\\_9/70902291/p1/article.jhtml?term=CASSP](http://www.findarticles.com/cf_0/m0FCB/1_9/70902291/p1/article.jhtml?term=CASSP)
- **The Development of a State Policy on Families as Allies.**  
During the past 10 to 15 years, the participation of families in planning, implementing, and evaluating community-based children's mental health services...  
From Journal of Emotional and Behavioral Disorders, December 22 2000 by Mary I. Armstrong, Mary E. Evans, Virginia Wood Page(s): 13  
[http://www.findarticles.com/cf\\_0/m0FCB/4\\_8/68273227/p1/article.jhtml?term=CASSP](http://www.findarticles.com/cf_0/m0FCB/4_8/68273227/p1/article.jhtml?term=CASSP)
- **Family Participation in Evaluating Systems of Care: Family, Research, and Service System Perspectives.**  
Service programs are paying increased attention to family participation in research and evaluation activities. This article describes the results of... From Journal of Emotional and Behavioral Disorders, March 22 2001 by Trina W. Osher, Welmoet Van Kammen, Susan M. Zaro Page(s): 12  
[http://www.findarticles.com/cf\\_0/m0FCB/1\\_9/70902293/p1/article.jhtml?term=CASSP](http://www.findarticles.com/cf_0/m0FCB/1_9/70902293/p1/article.jhtml?term=CASSP)
- **Assessing the performance of community systems for children.(Improving the Quality of Healthcare for Children: An Agenda for Research)**  
Objective. To present a framework for measuring the quality of community systems for children, based on key attributes of systems performance for children's... From Health Services Research, October 01 1998 by Helen M. DuPlessis, Moira Inkelas, Neal Halfon Page (s): 23  
[http://www.findarticles.com/cf\\_0/m4149/n4\\_v33/21244245/p1/article.jhtml?term=CASSP](http://www.findarticles.com/cf_0/m4149/n4_v33/21244245/p1/article.jhtml?term=CASSP)
- **Children, Adolescents & Families – Center for Mental Health Services Web site - many links to documents related to SOC and youth/families**  
<http://www.mentalhealth.org/cmhs/ChildrensCampaign/parents.asp>

## **CULTURAL COMPETENCE**

- **TransCultural MH On Line** – good link to many resources re: cultural competence  
<http://www.priory.com/psych/trans.htm>
- **National Association of Social Workers - Standards for Cultural Competence in Practice** - Good for all disciplines!  
<http://www.naswdc.org/pubs/standards/cultural.htm>
- **Cultural Competence Standards** - Cultural Competence Standards in Managed Care Mental Health Services: Four Underserved/Underrepresented Racial/Ethnic Groups  
<http://www.samhsa.gov/centers/cmhs/cmhs.html>

**Wraparound Fidelity Index** – yes Wrap has a fidelity scale – if you are wanting to know, “Am I really doing Wraparound”, try this site.  
<http://www.uvm.edu/~wrapvt/Sample%20Report.pdf>

- **Conducting a Comprehensive Community Assessment** – especially good for those Community Collaboratives who want to know what others are doing with community assessments for youth and families.  
[http://eric-web.tc.columbia.edu/families/TWC/stage2\\_2.html](http://eric-web.tc.columbia.edu/families/TWC/stage2_2.html)
- **Mark O'Donnell, et.al. Article on Coordinated Practice** - our own Child & Family Services Section staff on Coordinated Practice Reviews, THE WAY to test systems' "SOC-ness" and outcomes  
<http://www.rtc.pdx.edu/CP99inPDF/CPAPILinkages.pdf>
- **SAY-SO – NC Youth Self-Advocates (Strong Able Youth Speaking Out)**  
<http://sayso-nc.tripod.com/>

## **MENTAL HEALTH & SCHOOLS**

- **UCLA MH in Schools Project** - rich, rich, has practice standards for different diagnoses from the American Pediatric Association that are family-friendly. <http://smhp.psych.ucla.edu/>
  - List of what the UCLA MH in Schools Project offers  
<http://smhp.psych.ucla.edu/specres.htm#reprints>
- **The Prevention of Mental Disorders in School Aged Children**  
<http://www.wccf.org/Success.pdf>
- **Examples of Exemplary/Promising Programs to stop school violence**  
<http://www.mentalhealth.org/schoolviolence/Irenelis.asp>
- **Harvard Family Research Project** -teaching families and communities how to partner with teachers  
<http://gseweb.harvard.edu/~hfrp/projects/fine.html>
- **IDEA Web site** – practical, useful, composed of Teachers & Related Service Providers, Families, School Administrators and Policymaker Groups and information about IDEA and implications and implementations  
<http://www.ideapractices.org/about/index.php>

## **SOC & JUVENILE JUSTICE & DELINQUENCY PREVENTION**

- **History of Juvenile Justice & MH**  
<http://ojjdp.ncjrs.org/about/spch991021.html>
- **Article on Treatment for Youth with Sexual Aggressive Behaviors**  
<http://www.csom.org/pubs/juvbrf10.pdf>



# **SAMPLE FORMS**



- **CDC - Best Practice of Youth Violence Prevention**  
<http://journals.apa.org/prevention/volume4/pre0040001a.html#c23>
- **School Violence - examples of exemplary, promising programs**  
<http://www.mentalhealth.org/schoolviolence/Irenelis.asp>
- **Take Action Against Substance Abuse & Gun Violence**  
<http://www.jointogether.org/sa/>

## **PRACTICE STANDARDS – CHILD, YOUTH & FAMILY**

- **Both from American Academy of Pediatrics** <http://www.aap.org/policy/pprgtoc.cfm>  
<http://www.aap.org/pubserv/>
- **Resource Links from the American Association of Child & Adolescent Psychiatry** – more for psychiatrists, but you can get some of the practice standards; if you want others, ask your C&A Psychiatrist if they can get the standards off the site as it is members only for some practice standards  
<http://www.aacap.org/Web/aacap/resource/index.htm>
- **Traumatic Stress Disorder C&A Assessment & Treatment Guidelines** & the site is a search engine for guidelines for other psychiatric conditions  
<http://www.cdc.gov/ncipc/dvp/bestpractices.htm>
- **National Guideline Clearinghouse** – this is a site that will search for practice guidelines worldwide, if they exist  
[http://www.guidelines.gov/VIEWS/summary.asp?guideline=000314&summary\\_type=brief\\_summary&view=brief\\_summary&sSearch\\_string=ptsdPost](http://www.guidelines.gov/VIEWS/summary.asp?guideline=000314&summary_type=brief_summary&view=brief_summary&sSearch_string=ptsdPost)
- **Research Substantiating Cost Savings from Community Based Programs** (worth it!)  
<http://www.samhsa.gov/hhsurvey/hhsurvey.html>

## **SOC & LEGAL ISSUES**

- **Federal Law Title 34 - Part 303 - Early Intervention Programs for Infants & Toddlers**  
<http://lula.law.cornell.edu/cfr/cfr.php?title=34&type=part&value=303>
- **Council of Parent Attorneys & Advocates** – a group of parents, who are attorneys and have children with disabilities that can link you to a local organization or make suggestions for areas that one could pursue regarding laws and disabilities  
<http://www.copaa.net/>
- **Bazelon Center for MH Law** – if you want to know more about law and disabilities, including managed care, Medicaid and other technical issues, here is the site that has been very useful for issues with adults and youth who have disabilities  
<http://www.bazelon.org/>
- **For Medicaid information regarding coverage:**

<http://www.dhhs.state.nc.us/dma/covgroups.htm>

- **For Health Choice (CHIP) info:**  
<http://www.dhhs.state.nc.us/dma/cpcont.htm>
- **NC Center for Non-Profit** – good link to NPOs information in NC  
<http://www.ncnonprofits.org/links.html>

### **ACTT – ASSERTIVE COMMUNITY TREATMENT TEAMS**

- **PACT Manual NAMI** – The National Alliance for the Mentally Ill (NAMI) calls ACTT, Programs for Assertive Community Treatment, but the manual is about serving a population who need a “hospital without walls”, the original term used to described what an ACTT/PACT would do.  
<http://www.apollonian.com/book/Orderval.asp?bypass=NO>
  - **PACT – the NAMI Site**  
<http://www.nami.org/about/pact.htm>
- **CACT –Louisiana ACT for Children**  
<http://www.childassertx.com/index.htm>
- **MH Links – Links from Michigan’s Dept. of Community Health web site**  
<http://www.mdch.state.mi.us/orr/links.htm>

5/13/03

## SAMPLE FORM

### Child and Adolescent Psychological Services Assessment

Child's Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Contact Information: \_\_\_\_\_

#### Why the Child is Receiving Assessment

According to Child: \_\_\_\_\_

According to Others (Specify Whom): \_\_\_\_\_

#### Strengths & Supports

1) What are some skills and abilities of the child? \_\_\_\_\_

2) What are some personal qualities the child feels he/she possesses? \_\_\_\_\_

3) Who are the people the child trusts and depends on most for being supportive and helpful? \_\_\_\_\_

4) What are some strengths of the child's family? \_\_\_\_\_

5) What supports are available to the child and family? \_\_\_\_\_

#### Emotional and Behavioral Functioning

##### **1) Mood & Behavior**

\_\_\_ Depressed, sad most of the time

\_\_\_ Significant weight gain or loss

\_\_\_ Difficulty thinking or concentrating

\_\_\_ Feels very guilty; inappropriate guilt

\_\_\_ Oversleeping

\_\_\_ Tearful

\_\_\_ Thoughts, threats, attempts to hurt self

\_\_\_ Loss of interest in most activities nearly every day

\_\_\_ Increase/decrease in appetite

\_\_\_ Feels worthless

\_\_\_ Low energy/fatigue

\_\_\_ Unable to Sleep

\_\_\_ Low self-esteem

\_\_\_ Thoughts, threats, attempts to hurt others

How long has the child been feeling or behaving this way?

\_\_\_ 6 Months or Less

\_\_\_ More Than 6 Months

Who have the feelings and behaviors affected?

\_\_\_ Self/Child

\_\_\_ Family/People With Whom They Live

\_\_\_ Community/Neighbors

\_\_\_ Friends/Peers

\_\_\_ School/Childcare

\_\_\_ Other: \_\_\_\_\_

**2) Attention & Activity**

- |  |   |
|--|---|
| <input type="checkbox"/> Difficulty focusing/keeping attention                                       | <input type="checkbox"/> Difficulty with detailed activities    |
| <input type="checkbox"/> Does not seem to listen when spoken to                                      | <input type="checkbox"/> Difficulty organizing tasks/activities |
| <input type="checkbox"/> Avoids/dislikes involvement in tasks requiring focused attention            |   |
| <input type="checkbox"/> Always loses things needed for tasks/activities requiring focused attention |   |
| <input type="checkbox"/> Easily distracted   | <input type="checkbox"/> Cannot seem to follow instructions     |
| <input type="checkbox"/> Makes "careless" mistakes   | <input type="checkbox"/> Forgetful in routine, daily activities |
| <input type="checkbox"/> Fidgets and squirms   | <input type="checkbox"/> Cannot seem to sit still               |
| <input type="checkbox"/> Runs and climbs too much  | <input type="checkbox"/> Difficulty playing or relaxing         |
| <input type="checkbox"/> Acts as if driven by a motor  | <input type="checkbox"/> Cannot seem to stop talking            |
| <input type="checkbox"/> Always bumping into things or having/causing accidents                      |   |

How long has the child been feeling or behaving this way?

☐ 6 Months or Less

☐ More Than 6 Months

Who have the feelings and behaviors affected?

☐ Self/Child

☐ Family/People With Whom They Live

☐ Community/Neighbors

☐ Friends/Peers

☐ School/Childcare

☐ Other: \_\_\_\_\_

**3) Temper & Conduct**

- |   |  |
|---|--|
| <input type="checkbox"/> Often loses temper               | <input type="checkbox"/> Argues with adults a lot                          |
| <input type="checkbox"/> Deliberately annoys people       | <input type="checkbox"/> Easily annoyed                                    |
| <input type="checkbox"/> Defies or refuses rules          | <input type="checkbox"/> Blames others for mistakes/trouble                |
| <input type="checkbox"/> Seems angry and resentful        | <input type="checkbox"/> Seems spiteful; wants to "get back at" people     |
| <input type="checkbox"/> Tries to physically hurt others  | <input type="checkbox"/> Cruel to animals                                  |
| <input type="checkbox"/> Gets in fights                   | <input type="checkbox"/> Destroys property or things                       |
| <input type="checkbox"/> Cannot seem to tell the truth    | <input type="checkbox"/> Bullies or threatens others                       |
| <input type="checkbox"/> Has stolen                       | <input type="checkbox"/> Has set fires                                     |
| <input type="checkbox"/> Problems with school absenteeism | <input type="checkbox"/> Threatens or attempts to sexually violate someone |

How long has the child been feeling or behaving this way?

☐ 6 Months or Less

☐ More Than 6 Months

Who have the feelings and behaviors affected?

☐ Self/Child

☐ Family/People With Whom They Live

☐ Community/Neighbors

☐ Friends/Peers

☐ School/Childcare

☐ Other: \_\_\_\_\_

**4) Anxiousness & Stress**

- |   |   |
|---|---|
| <input type="checkbox"/> Nervous, agitated or irritable   | <input type="checkbox"/> Worrying too much about future or past         |
| <input type="checkbox"/> Feeling "on edge"/restless   | <input type="checkbox"/> Thinking about the same thing all the time     |
| <input type="checkbox"/> Problems sleeping  | <input type="checkbox"/> Cannot concentrate                             |
| <input type="checkbox"/> Feeling panicky; fear of dying   | <input type="checkbox"/> Fear of people, objects, or places             |
| <input type="checkbox"/> Excessive repetitive behavior, like checking and rechecking, washing, cleaning, counting | <input type="checkbox"/> Frightening thoughts                           |
| <input type="checkbox"/> Fear of "going crazy" or losing control  | <input type="checkbox"/> Feeling of re-living a situation; "flashbacks" |
| <input type="checkbox"/> Withdrawn, avoiding others   | <input type="checkbox"/> Preoccupied with germs and sickness            |
| <input type="checkbox"/> Excessive picking at skin, hair, clothes   |   |
| <input type="checkbox"/> Seems unable to control speech or movement   |   |

How long has the child been feeling or behaving this way?

☐ 6 Months or Less

☐ More Than 6 Months

Who have the feelings and behaviors affected?

☐ Self/Child

☐ Family/People With Whom They Live

☐ Community/Neighbors

☐ Friends/Peers

☐ School/Childcare

☐ Other: \_\_\_\_\_

### 5) Thought Disorders & Behavior

- |   |  |
|---|--|
| <input type="checkbox"/> Highly suspicious of people, places, or things | <input type="checkbox"/> Hearing, seeing, or sensing things that others do not |
| <input type="checkbox"/> Loss of memory or blocks of time               | <input type="checkbox"/> Talking to self                                       |
| <input type="checkbox"/> "Bizarre" behavior                             | <input type="checkbox"/> Using odd speech, made-up words, "codes"              |
| <input type="checkbox"/> Very defensive about a belief                  | <input type="checkbox"/> Difficulty caring for personal health and hygiene     |
| <input type="checkbox"/> Obscene behavior                               | <input type="checkbox"/> Becomes combative or uncontrollable                   |
| <input type="checkbox"/> Cutting or scratching self on purpose          |  |

How long has the child been feeling or behaving this way?

☐ 6 Months or Less

☐ More Than 6 Months

Who have the feelings and behaviors affected?

☐ Self/Child

☐ Family/People With Whom They Live

☐ Community/Neighbors

☐ Friends/Peers

☐ School/Childcare

☐ Other: \_\_\_\_\_

Does the child currently receive or has the child ever received mental health treatment? \_\_\_\_\_

Please specify type, duration, outcome, etc.: \_\_\_\_\_

Please specify family mental health issues, needs, and/or service history: \_\_\_\_\_

### Alcohol & Other Drugs

1) Does the child currently use alcohol? \_\_\_\_\_

2) When was the last time the child used? \_\_\_\_\_

3) Please place a mark beside the words that describe the child's alcohol use.

☐ None

☐ Abuse or using too much

☐ Have been in hospital or detox

☐ Had seizures

☐ Been arrested or in trouble

☐ Experimenting

☐ Intoxicated, "drunk," "buzzed" **now**

☐ Had DT's or "the shakes"

☐ Blacked Out

☐ Family problems because of drinking

4) Do other people in the family have problems with alcoholism or drug use? \_\_\_\_\_

Who? \_\_\_\_\_

5) Does the child currently use other drugs? \_\_\_\_\_

6) What does/did the child use? \_\_\_\_\_

7) When was the last time the child used? \_\_\_\_\_

8) When did the child start using? \_\_\_\_\_

9) Does the child attend AA or NA? \_\_\_\_\_ How many times a week? \_\_\_\_\_

10) Has the child ever tried to quit on his/her own? \_\_\_\_\_

11) Does anyone in the home currently use drugs or alcohol? \_\_\_\_\_

## Legal Information

- 1) Is the child here for a court-ordered assessment? \_\_\_\_\_
- 2) Has the child ever been charged with a criminal offense? \_\_\_\_\_  
Please give dates and types of charges: \_\_\_\_\_
- 3) Has the child ever been in a training or detention center? \_\_\_\_\_  
Please give dates: \_\_\_\_\_
- 4) Is the child currently on probation? \_\_\_\_\_  
Please give the name of the child's probation officer: \_\_\_\_\_

### Developmental History

- 1) Birthweight: \_\_\_\_\_ 2) Born Premature? \_\_\_\_\_ If so, gestational age? \_\_\_\_\_
- 3) Were there pre/perinatal complications? \_\_\_\_\_ If so, what? \_\_\_\_\_
- 4) At what age did the child accomplish the following milestones?
- |                    |                      |
|--------------------|----------------------|
| _____ Sat Alone    | _____ First Talked   |
| _____ First Walked | _____ Toilet Trained |
- 5) Please describe family dynamics, interactions, or significant events affecting social/familial development: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Home & Family

- 1) Please indicate the nature of the child's current living environment.
- |  |   |
|--|---|
| <input type="checkbox"/> Private residence/family home | <input type="checkbox"/> School dormitory             |
| <input type="checkbox"/> Shelter                       | <input type="checkbox"/> Residential/group home       |
| <input type="checkbox"/> Treatment/Rehab center        | <input type="checkbox"/> State correctional facility  |
| <input type="checkbox"/> Foster home                   | <input type="checkbox"/> Boarding home                |
| <input type="checkbox"/> Homeless/homeless shelter     | <input type="checkbox"/> Live alone                   |
| <input type="checkbox"/> Live with relatives           | <input type="checkbox"/> Live with non-related people |
| <input type="checkbox"/> Home in good condition        | <input type="checkbox"/> Home in need of repair       |
| <input type="checkbox"/> DSS Custody                   | <input type="checkbox"/> Emancipated                  |
| <input type="checkbox"/> Comfortable                   | <input type="checkbox"/> Loving                       |
| <input type="checkbox"/> Supportive                    | <input type="checkbox"/> Chaotic                      |
| <input type="checkbox"/> Active alcohol/drug abuse     | <input type="checkbox"/> Emotional abuse              |
| <input type="checkbox"/> Physical abuse                | <input type="checkbox"/> Sexual abuse                 |
| <input type="checkbox"/> Domestic violence             |   |
| <input type="checkbox"/> Other, please describe: _____ |   |
- 2) Who else lives in the home? \_\_\_\_\_



### Medical History

- 1) Name of child's pediatrician/doctor: \_\_\_\_\_  
 2) Do they know the child is requesting/receiving psychological services? \_\_\_\_\_

◆ Please place a mark beside any medical condition the child has or has had. List **P** for past and **C** for current:

- |   |                                       |
|---|---------------------------------------|
| ___ Diagnosed with "failure to thrive"    | ___ Vision problems                   |
| ___ Hearing problems                      | ___ Speech problems                   |
| ___ Difficulty walking/moving about       | ___ Neurological problems             |
| ___ Growth problems                       | ___ Heart disease                     |
| ___ Cardiovascular illness                | ___ Liver disease                     |
| ___ Kidney problems                       | ___ Stomach trouble or reflux         |
| ___ Asthma                                | ___ Spina Bifida                      |
| ___ Cerebral Palsy                        | ___ Head Injury (concussions)         |
| ___ Skin problems                         | ___ Frequent urinary tract infections |
| ___ Lead poisoning                        | ___ HIV/AIDS                          |
| ___ Sexually transmitted disease          | ___ TB (tuberculosis)                 |
| ___ Seizure disorder                      | ___ Toileting problems                |
| ___ Fainting episodes/dizziness           | ___ Anemia                            |
| ___ Other Illness (please specify): _____ |                                       |

- 6) Current medications taken by the child: \_\_\_\_\_  
 7) Have there been any recent changes with medication? \_\_\_\_\_  
 8) Please describe any hospitalizations and/or surgeries: \_\_\_\_\_  
 9) Please describe any serious accidents or injuries: \_\_\_\_\_  
 10) Please list any medication **allergies or sensitivities**: \_\_\_\_\_  
 11) Is the child sexually active? \_\_\_\_\_

### Educational History

◆ Please indicate which, if any, of the following are applicable. List **P** for past and **C** for current:

- |                           |  |
|---------------------------|--|
| ___ Good attendance       | ___ Average/above average academic performance |
| ___ Behavior problems     | ___ Suspended                                  |
| ___ Has repeated a grade  | ___ Dropped out                                |
| ___ Academic difficulties | ___ Special education                          |
| ___ Relates well to peers | ___ Difficulty relating to peers               |
| ___ Other _____           |  |

### Potential Barriers

- ◆ Please indicate issues that may prevent the child's participation in services.

<input type="checkbox"/> Child care	<input type="checkbox"/> School/work schedule
<input type="checkbox"/> Finances/money	<input type="checkbox"/> Transportation
<input type="checkbox"/> Custody issues	<input type="checkbox"/> Need for interpreter, assistive listening device, or sign language
<input type="checkbox"/> Other _____	

### Other Support

- 1) Tell us about any particular groups or organizations with which the child is currently involved that he/she finds to be helpful or supportive? \_\_\_\_\_
- 2) Are there any groups or organizations with which the child would like to be involved? \_\_\_\_\_
- 6) What are cultural, religious, or ethnic factors that are important to the child? \_\_\_\_\_
- 7) In what way can these factors be used in intervention or as support? \_\_\_\_\_

### Mental and Behavioral Status

- ◆ Please indicate selections for each parameter while remaining sensitive to developmental age and stage of the child.
- ◆ Also consider how observed behavior is compared to behavior in more routine settings with familiar people.

**Physical Appearance:** Tidy Disheveled Average Height/Weight Overweight Underweight Tall  
Short Appears Older Appears Younger Bruising/Marks/Abrasions Other \_\_\_\_\_

**Parent-Child Interaction:** Affectionate Hostile Frightened Withdrawn Conflicted Indifferent  
Engaged Blaming Critical Clinging Firm Direct Cooperative Respectful Other \_\_\_\_\_

**Separation and Reunion:** Lack of/Diminished Affect Severe Distress Anxious Excessive Affection  
Unremarkable Other \_\_\_\_\_

**Orientation:** Name Date Place Age Residence Parent/Caretaker's Names

**Speech and Language:** Normal Loud Soft Fast Slow Pressured Slurred Slow to Respond  
Rapid Response Spontaneous Articulate Echolalia Repetitive Stereotypical Phrases Unusual Syntax

**Mood:** Sad Tearful Anxious Euphoric Angry Happy Excited Relaxed Other \_\_\_\_\_

**Affect:** Normal Exaggerated Restricted Labile Congruent with Thought Content  
Incongruent with Thought Content Other \_\_\_\_\_

**Thought Process and Content:** Loose Associations Excessive Magical Thinking Perseveration  
Difficulty Separating Fantasy from Reality Reasons Logically Reality Focused Flight of Ideas  
Intense Thematic Preoccupations Developmentally Congruent Presentation Hallucinations  
Delusions Other \_\_\_\_\_

**Social Relatedness:** Good Eye Contact    Lack of Eye Contact    Comfortable Interaction  
 Overly Friendly    Excessive Familiarity    Withdrawn    Extreme Reticeence    Self Doubt  
 Confident    Inquisitive    Other \_\_\_\_\_

**Motor Behavior:** Able to Perform Developmentally Appropriate Tasks    Able to Sustain Attention  
 Unable to Sustain Attention    Psychomotor Excitement    Repetitive Gestures    Involuntary Movements  
 Tremors    Tics    Unusual Asymmetry of Motor Movement    Coordinated    Lack of Coordination  
 Other \_\_\_\_\_

**Cognition and Memory:** Adequate Fund of Information    Able to Problem Solve    Able to Infer  
 Able to Remember Object/Series of Objects    Difficulty with Concepts    Inability to Recall  
 Unable/Difficulty Solving Problems    Diagnosed Learning Disability    Diagnosed MR  
 Other \_\_\_\_\_

### Imminent Risk

♦ Please indicate appropriate descriptor.

#### Danger to Self

____ Thoughts of suicide	____ Threats of suicide
____ Plan for suicide	____ Intent to harm self
____ Preoccupation with death	____ Suicide gesture
____ Suicide attempt	____ Family history of suicide
____ Inability to care for self	____ Thoughts of self-mutilation
____ Current self-mutilation	____ History of self-mutilation
____ Other: _____	

#### Danger to Others

____ Thoughts of harming others	____ Threats to harm others
____ Plan to harm others	____ Thoughts to kill others
____ Threats to kill others	____ Plan to kill others
____ Attempts to harm others	____ Has harmed others
____ Threats of sexual abuse to others	____ Actual sexual abuse to others
____ Other: _____	

Please give a brief history of dangerous actions: \_\_\_\_\_

### Crisis Risk Indicators

♦ Please indicate appropriate descriptor.

____ Multiple inpatient admissions	____ Repeated use of crisis/emergency
____ Presence of two or more diagnoses	____ Non-compliance with treatment
____ Episodes of homelessness	____ Contract with protective services
____ Encounters with criminal justice system	____ Inability to provide for basic needs
____ Insufficient social and family supports	

If crisis plan is needed, please indicate: \_\_\_\_\_

Diagnostic Impression

Axis I: \_\_\_\_\_  
\_\_\_\_\_  
Axis II: \_\_\_\_\_  
\_\_\_\_\_  
Axis III: \_\_\_\_\_  
\_\_\_\_\_  
Axis IV: \_\_\_\_\_  
\_\_\_\_\_  
Axis V: \_\_\_\_\_  
\_\_\_\_\_

Clinical Summary

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preliminary Treatment Plan

<p>Strengths:</p>          <p>Needs:</p>          	<p>Goals:</p>          
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Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **SAMPLE FORM**

## **Treatment Contract**

The therapist and I have discussed my/my child's need for services, and I have been informed of my rights and responsibilities. I have also been informed about the approximate length of treatment, methods and possible outcomes of best practice treatment.

While I expect benefits from this treatment, I fully understand and accept that because of factors beyond our control, such benefits and desired outcomes cannot be guaranteed.

I understand that the therapist is not providing emergency service, and I have been informed of whom/where to call in case of an emergency during evening or weekend hours.

I understand that I/we are free to discontinue treatment at any time in accordance with the policies of this agency.

I have been informed and understand the limits of confidentiality, that by law the therapist must report to appropriate authorities any suspected child abuse or serious threats of harm to myself or another person.

I am not aware of any reason why I/my child should not proceed with therapy and agree to participate fully and voluntarily.

I have had the opportunity to discuss all aspects of treatment, have had my questions answered and have participated in treatment planning. Therefore, I agree to participate (for my child to participate) in treatment.

Name of Client: \_\_\_\_\_

Signature of Client/Parent/Guardian \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## SAMPLE FORM

## Treatment Plan

**Client Name:** \_\_\_\_\_

Record Number: \_\_\_\_\_

Date: \_\_\_\_\_

**Client's/Parent's/Guardian's Description of Problems/Needs:**

**Therapist's/Others Description of Problems/Needs (if different from client's description):**

**Strengths/Supports:**

**Diagnosis(es)**

Axis I \_\_\_\_\_ Axis II \_\_\_\_\_

Axis III \_\_\_\_\_ Axis IV \_\_\_\_\_

**Axis V** \_\_\_\_\_

Goal	Objectives(services/interventions)	Target Date	Date Reviewed	Date Completed
Goal 1.	a.			
	b.			
	c.			

## SAMPLE FORM

Goal	Objectives (services/interventions)	Target Date	Date Reviewed	Date Completed
Goal 2.	a.   b.   c.			
Goal 3.	a.   b.   c.			

Frequency of Sessions: \_\_\_\_\_

Estimated Length of Treatment: \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_



## SAMPLE FORM

### Progress Notes

Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Modality: ☐ Individual ☐ Family ☐ Group ☐ Collateral ☐ Telephone ☐ Case Management

Duration (in minutes): \_\_\_\_\_ Session #: \_\_\_\_\_ of \_\_\_\_\_

Client Did Not Keep Appointment: ☐ Telephone Contact ☐ Letter Sent ☐ Rescheduled for \_\_\_\_\_

<b>P:</b>
<b>I:</b>
<b>E:</b>
<b>P:</b>

Clinician Signature (with credentials): \_\_\_\_\_

Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Modality: ☐ Individual ☐ Family ☐ Group ☐ Collateral ☐ Telephone ☐ Case Management

Duration: \_\_\_\_\_ Session #: \_\_\_\_\_ of \_\_\_\_\_

Client Did Not Keep Appointment: ☐ Telephone Contact ☐ Letter Sent ☐ Rescheduled for \_\_\_\_\_

<b>P:</b>
<b>I:</b>
<b>E:</b>
<b>P:</b>

Clinician Signature(with credentials): \_\_\_\_\_

**PIE-P Format:** **Purpose** of Contact/Relation to Goal (s) ; Description of **Intervention/Activity**; **Effectiveness** of intervention/Activity; and **Plan** for next session (if applicable)



# SAMPLE FORM

## Discharge Summary

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Record Number: \_\_\_\_\_

Date of 1<sup>st</sup> session: \_\_\_\_\_ Date of final session: \_\_\_\_\_ Total # of sessions \_\_\_\_\_

### Reason for Termination:

- \_\_\_\_\_ Service completed/goals met
- \_\_\_\_\_ Client terminated against recommendation of clinician
- \_\_\_\_\_ Client referred for other services
- \_\_\_\_\_ Client not available (describe) \_\_\_\_\_
- \_\_\_\_\_ Other (describe) \_\_\_\_\_

### Treatment Summary (including progress or lack thereof for each goal):

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### Follow Up Plan/Referrals/Recommendations to caregiver if client leaving against clinical advice:

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### Initial Diagnosis:

Axis I \_\_\_\_\_

Axis II \_\_\_\_\_

Axis III \_\_\_\_\_

Axis IV \_\_\_\_\_

Axis V \_\_\_\_\_ GAF

### Discharge Diagnosis:

Axis I \_\_\_\_\_

Axis II \_\_\_\_\_

Axis III \_\_\_\_\_

Axis IV \_\_\_\_\_

Axis V \_\_\_\_\_ GAF

Therapist's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Survey of Psychological Services (Mental Health Services)**  
**Provided by Local Health Departments**  
**May 5, 2003**

The December 2002 Medicaid Bulletin includes Medical Policy 8I titled *Psychological Services Provided by Health Departments and School Based Health Centers Sponsored by Health Departments to the Under 21 Population*. In order to assess the extent to which these services are being implemented and the possible need for consultation and technical assistance, the Women's and Children's Health Section of the Division of Public Health requests your response to this brief survey:

Health Department: \_\_\_\_\_

Name and Contact Information of Person Completing Survey:

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

1. Is your agency currently providing Psychological Services (mental health services) for children and adolescents under the age of 21? \_\_\_\_\_Yes  
\_\_\_\_\_No

- a. If Yes, please list the number of qualified clinicians employed by your agency to provide these services:

\_\_\_\_\_ Licensed Clinical Social Workers (LCSW)  
\_\_\_\_\_ Advanced Practice Psychiatric Clinical Nurse Specialists (CNS)  
\_\_\_\_\_ Advanced Practice Psychiatric Nurse Practitioners (NP)  
\_\_\_\_\_ Licensed Psychologists

- b. If No, does your agency plan to begin providing these services within the next year?

\_\_\_\_\_Yes \_\_\_\_\_No

**If you answered Yes to either 1 or 1b, please continue.**



### **Medicaid Reimbursement Rates\***

**Following are the CPT codes that are included in the Psychological Services policy and the corresponding Medicaid reimbursement rates for these codes:**

<b><u>CPT Code</u></b>	<b><u>Medicaid Reimbursement Rate</u></b>
90801	\$131.13
90802	\$139.30
90804	\$ 57.95
90806	\$ 86.88
90808	\$128.44
90810	\$ 62.58
90812	\$ 92.35
90814	\$134.99
90846	\$ 85.23
90847	\$102.28
90853	\$ 31.09

\*These rates were established 2/02. '03 rates have not yet been established.

5/01/03

